



ARKANSAS INSURANCE DEPARTMENT  
LICENSE DIVISION  
1200 WEST THIRD STREET  
LITTLE ROCK, AR 72201  
PHONE: 501-371-2750  
FAX: 501-683-2604  
WEBSITE: [www.insurance.arkansas.gov/license/divpage.htm](http://www.insurance.arkansas.gov/license/divpage.htm)

**AGENCY APPOINTMENT TERMINATION REQUEST**

1. Company NAIC # \_\_\_\_\_
2. Company Name: \_\_\_\_\_
3. Type of Appointment: Agency \_\_\_\_\_ Agent of Agency \_\_\_\_\_

**To Cancel the Appointment for the entire agency:**

- 4a. Agency Tax ID Number: \_\_\_\_\_
- 4b. Agency Name: \_\_\_\_\_
- 4c. Agency's Address: \_\_\_\_\_  
Street City State Zip

**To cancel an agent appointed under an agency:**

- 5a. Agency Tax ID Number: \_\_\_\_\_
- 5b. Agency Name: \_\_\_\_\_
- 5c. Agent's Social Security Number \_\_\_\_\_
- 5d. Agent's Full Legal Name: \_\_\_\_\_
- 5e. Agent's Address: \_\_\_\_\_  
Street City State Zip

- 5f. Reason for Termination of appointment: (at least one must be checked)  
\_\_\_\_\_ Voluntary Termination by Agent/Agency \_\_\_\_\_ Failed to Produce Business

**Attach documentation if any of the following are checked:**

\_\_\_\_\_ Rebating \_\_\_\_\_ Twisting \_\_\_\_\_ Conversion of Premium Monies

Other: \_\_\_\_\_

***I, the Undersigned authorize such cancellation and certify that the appointee has been notified of such cancellation in compliance to Arkansas Insurance Code:***

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed or Typed Name of Authorized Individual

\_\_\_\_\_  
Company Contact and Contact Phone number

**Fees: All terminations are \$10.00.**